



Billing Code 4510-CM-P

DEPARTMENT OF LABOR

Office of Federal Contract Compliance Programs

Proposed Extension of the Approval of Information Collection Requirements; Correction

OMB Number: 1250-0002

AGENCY: Office of Federal Contract Compliance Programs, Labor.

ACTION: Notice; Correction.

SUMMARY: The Department of Labor, Office of Federal Contract Compliance Programs, published a document in the Federal Register on February 5, 2014 seeking comments on its information collection and revised complaint form. This form, “Complaint Form CC-4, Complaint of Employment Discrimination by Federal Government Contractors or Subcontractors,” is OMB control number 1250-0002. Under the heading “Improved Information Technology” in column 3 on page 6926 the incorrect statement “The CC-4 is available on the Internet for downloading or electronic submission at <http://www.dol.gov/ofccp/regs/compliance/pdf/English.pdf>.” is corrected to read “The current OMB approved CC-4 is available on the Internet for downloading or electronic submission at <http://www.dol.gov/ofccp/regs/compliance/pdf/English.pdf>.”

The first page of the proposed information collection on page 6929 of the Federal Register failed to display information in three fields located in the left-hand column, the third block of the right-hand column and the bottom section of the form. The questions

and information included in these fields is posted below in a reformatted version of the form originally published on February 5, 2014.

FOR FURTHER INFORMATION CONTACT: Debra Carr, (202) 693-0103 (voice) or (202) 693-1337 (TTY).

DATED: February 11, 2014.

Debra A. Carr,  
Director, Division of Policy, Planning and Program Development,  
Office of Federal Contract Compliance Programs.

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[GPO-PHOTO GRAPHICS]



## Complaint of Employment Discrimination by Federal Government Contractors or Subcontractors

OMB: 1250-0002  
Expires: XX/XX/XXXX

Please read all the instructions before completing this form.

<b>How can we reach you?</b>	Name (First, Middle, Last): _____ Street Address: _____ City, State, Zip Code: _____ Telephone Number: _____ Home _____ Work _____ Cell _____ Email: _____ Have you filed these allegations of employment discrimination with another federal or local agency? _____ Yes _____ No If yes, which agency: _____ Contact Name: _____ Phone Number: _____				
<b>Who can we contact if we cannot reach you?</b>	Name (First, Middle, Last): _____ Street Address: _____ City, State, Zip Code: _____ Telephone Number: _____ Home _____ Work _____ Cell _____ Email: _____				
<b>What company or employer do you believe discriminated against you?</b>	Company Name: _____ Street Address: _____ City, State, Zip Code: _____ Telephone Number: _____ Give the date(s) and times you believe you were discriminated against: _____				
<b>Why do you believe this company or employer discriminated against you?</b>	<table style="width: 100%; border: none;"> <tr> <td style="vertical-align: top; width: 33%;"> <input type="checkbox"/> <b>Race</b>  <input type="checkbox"/> American Indian/Alaskan Native              Indicate Tribal affiliation: _____  <input type="checkbox"/> Asian  <input type="checkbox"/> Black/African American  <input type="checkbox"/> Native Hawaiian or Other Pacific Islander  <input type="checkbox"/> White         </td> <td style="vertical-align: top; width: 33%;"> <input type="checkbox"/> <b>National Origin</b>  <input type="checkbox"/> Hispanic or Latino  <input type="checkbox"/> Other    <input type="checkbox"/> <b>Color</b>    <input type="checkbox"/> <b>Religion</b> </td> <td style="vertical-align: top; width: 33%;"> <input type="checkbox"/> <b>Sex/Gender</b>  <input type="checkbox"/> Female  <input type="checkbox"/> Male    <input type="checkbox"/> <b>Pregnancy</b>    <input type="checkbox"/> <b>Retaliation</b> </td> <td style="vertical-align: top; width: 33%;"> <input type="checkbox"/> <b>Veteran Status</b>  <small>(See instructions for definitions) Note: you will be asked to provide a DD Form 214.</small>    <input type="checkbox"/> <b>Disability</b> </td> </tr> </table>	<input type="checkbox"/> <b>Race</b> <input type="checkbox"/> American Indian/Alaskan Native Indicate Tribal affiliation: _____ <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White	<input type="checkbox"/> <b>National Origin</b> <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Other  <input type="checkbox"/> <b>Color</b>  <input type="checkbox"/> <b>Religion</b>	<input type="checkbox"/> <b>Sex/Gender</b> <input type="checkbox"/> Female <input type="checkbox"/> Male  <input type="checkbox"/> <b>Pregnancy</b>  <input type="checkbox"/> <b>Retaliation</b>	<input type="checkbox"/> <b>Veteran Status</b> <small>(See instructions for definitions) Note: you will be asked to provide a DD Form 214.</small>  <input type="checkbox"/> <b>Disability</b>
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Where did you learn you could file a complaint with OFCCP? <input type="checkbox"/> Internet <input type="checkbox"/> Poster <input type="checkbox"/> Local Community Organization <input type="checkbox"/> OFCCP Meeting or Event <input type="checkbox"/> Brochure <input type="checkbox"/> Fact Sheet <input type="checkbox"/> Other					

**Your Complaint:**

**Please describe below what you believe the employer did or failed to do to cause discrimination or retaliation.**

Answer the following questions below and describe in detail the alleged discrimination or retaliation:

- Why you believe the act(s) were (1) discriminatory based on your race, sex, color, religion, national origin, disability, veteran status; and/or (2) in retaliation for filing a complaint, participating in discrimination proceedings or otherwise opposing discrimination under any of the above listed bases;
- Specific dates, places, names and titles of person(s) involved;
- What harm, if any, was caused to you or others with whom you work as a result of the alleged discriminatory or retaliatory act(s);
- What explanation, if any, was offered for the act(s) by the employer or their representatives; and
- Any information you may have on federal contracts held by the company.

**Please attach additional pages, if needed.**

<b>Do you think other people experienced the same discrimination you described?</b>	<p>Do you know if other employees or applicants were allegedly discriminated against in the same way as you indicated above? _____ Yes* _____ No</p> <p>Do you know if there were people outside of your protected class who were treated more favorably than you were? _____ Yes* _____ No</p> <p>*Note: If you answer yes, please be prepared to provide to OFCCP the names and titles of the individuals who faced similar discrimination.</p>
<b>Do you have an attorney or other representative?</b>	<p>If you are represented by an attorney or other person or organization, please provide their contact information below.</p> <p>Name (First, Middle, Last): _____</p> <p>Street Address: _____</p> <p>City, State, Zip Code: _____</p> <p>Telephone Number: _____ Email: _____</p> <p>If you have an attorney or other representative, who should we contact for additional information regarding your complaint? _____ Me _____ Representative</p>
<b>Signature and Verification</b>	<p>I declare under penalty of perjury that the information given above is true and correct to the best of my knowledge or belief. A willful false statement is punishable by law.</p> <p>I hereby authorize the release of any medical information needed for this investigation.</p> <p>Signature of Complainant: _____ Date: _____</p>

[FR Doc. 2014-03505 Filed 02/18/2014 at 8:45 am; Publication Date: 02/19/2014]